

# Investing in Early Educators Stipend Program

## Cycle 17B

### Instructions and Application for Persons Working in Family Child Care Homes

A project of the Los Angeles County Child Care Planning Committee  
Administered by the Office of Child Care  
with funding from the California Department of Education

**Welcome**  
**Family Child Care Providers**  
**participating in Race to the Top – Early**  
**Learning Challenge!**

**Permit Policy Change**  
*You may participate in the Investing in  
Early Educators Stipend Program while  
taking classes toward your Child  
Development Permit.*

*For information on earning a permit,  
contact the Commission on Teacher  
Credentialing (CTC) at [www.ctc.ca.gov](http://www.ctc.ca.gov), the  
Child Development Training Consortium at  
[www.childdevelopment.org](http://www.childdevelopment.org) or the Child  
Development Department of your  
Community College.*

# INVESTING IN EARLY EDUCATORS STIPEND PROGRAM



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## INVESTING IN EARLY EDUCATORS STIPEND PROGRAM – CYCLE 17B

### For Persons Working in Family Child Care Homes

**FUNDING FOR CYCLE 17 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/EARLY EDUCATION AND SUPPORT DIVISION (CDE/EESD).**

#### Instructions

| Schedule for Stipend Program – Cycle 17                                                                                                   |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Stipend Program Cycle 17 applications posted on the website at <a href="http://www.childcare.lacounty.gov">www.childcare.lacounty.gov</a> | August 2015                                                                                     |
| <b>Applications with supporting documents due</b>                                                                                         | <b>Mail in: Thursday, October 15, 2015 (postmarked)<br/>Walk in: Thursday, October 22, 2015</b> |
| Application Disqualification Letters mailed by:                                                                                           | Monday, January 4, 2016                                                                         |
| Appeal Letters for Application Disqualification due:                                                                                      | Wednesday, January 13, 2016                                                                     |
| Verification Forms mailed to eligible applicants by:                                                                                      | Monday, February 1, 2016                                                                        |
| <b>Verification Forms with supporting documents due:</b>                                                                                  | <b>Mail in: Thursday, March 3, 2016 (postmarked)<br/>Walk in: Thursday, March 10, 2016</b>      |
| Verification Disqualification Letters mailed by:                                                                                          | Monday, May 2, 2016                                                                             |
| Appeal Letters for Verification Disqualification due:                                                                                     | Monday, May 16, 2016                                                                            |
| <b>Stipends sent to qualifying applicants:</b>                                                                                            | <b>July/August 2016</b>                                                                         |

**READ ALL INSTRUCTIONS CAREFULLY BEFORE AND WHILE COMPLETING THE APPLICATION AND PROVIDE ALL INFORMATION AND DOCUMENTS REQUESTED.**

#### Overview

The *Investing in Early Educators Stipend Program* – funded by the California Department of Education/Early Education and Support Division (CDE/EESD), developed by the Los Angeles County Child Care Planning Committee and administered by the Office of Child Care – is designed to increase the retention and academic preparedness of early educators working in child development programs – centers and family child care homes – in which most of the children are subsidized by the CDE/EESD. In addition, the *Stipend Program* helps early educators work towards completing college coursework that informs their work with children and families and contributes to a degree in child development or a closely related field. This cycle, with Race to the Top-Early Learning Challenge (RTT-ELC) funds, the opportunity to participate in the Investing in Early Educators Stipend Program is extended to early educators working in programs participating in the Office of Child Care administered RTT-ELC.

The instructions serve as your guide for completing your application to the *Stipend Program*. It is critically important that you **read the instructions** carefully and provide all information and documents as requested. Note that each cycle is separate; therefore, you must submit all supporting documents requested for this cycle. **Applications that have missing information and/or missing documents will be considered incomplete and will not be reviewed.**

The instructions also provide you with information on the process leading up to awarding stipends, including the appeal process and a detailed timeline.

#### Applying to the *Stipend Program* is a two-part process:

- 1. Application:** determines that you meet the employment eligibility criteria.
- 2. Verification:** verifies that you have met the educational requirements, hold a Child Development Permit, and continue to meet the employment criteria. **See Step 2, item 2 under Eligible Coursework for information.**

## STEP 1: Determining Eligibility<sup>1</sup> (see note below)

To be eligible to apply for a stipend, you **must**:

1. Work in a family child care home that participates in a California Department of Education/Early Education and Support Division (CDE/EESD)-contracted Family Child Care Home Education Network (FCCHEN) certified by the Network Program Coordinator/Administrator, **OR**

Work in a licensed family child care home in which the majority (51% or more) of the children receive a child care subsidy from the CDE/EESD-contracted agency at the time you submit your application; **OR**

Work in a family child care home that participates in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC), **AND**

2. Work directly teaching children on a consistent and continual basis at least 15 hours per week; **AND**
3. Have been licensed and operating for one year or employed in a family child care home in the County of Los Angeles from August 3, 2015 through March 10, 2016; **AND**
4. Hold a Child Development Permit issued by the California Commission on Teacher Credentialing (CTC) to be submitted with the Verification Form (see Schedule). **You may participate while working toward your permit.** See Step 2, Item 2 under **Eligible Coursework** for more information on obtaining or upgrading a permit.

## STEP 2: Meeting the Educational Requirements

To earn a stipend, you **must**:

1. Complete at least three (3) semester units (4.5 quarter units) or a maximum of six (6) semester units (9 quarter units) of eligible coursework at a community college, college, or university; **AND**

**Attention Bachelor Degree candidates:** *For applicants taking one final class required to graduate with a BA/BS degree in child development or a closely related field, you may qualify for an additional graduation stipend with the coursework stipend as long as the completed class is the equivalent of at least three (3) quarter units. The units and the degree must be earned during the Stipend Program cycle.*

2. Complete the class(es) **after** March 31, 2015 and **before** March 31, 2016; **AND**
3. Pass the class(es) with a grade of “C” or better; **AND**
4. Submit your transcript(s) and Child Development Permit when requested with your Verification Form.

### **Eligible Coursework**

All coursework must be unit-bearing and fulfill the requirements for a degree in child development. Extension or continuing education courses are **not** eligible unless the applicant has a Bachelor Degree (BA/BS) or higher. If you have any questions regarding coursework eligible for the Stipend Program, you are encouraged to contact Renatta Cooper by telephone at (213) 974-9884 or by e-mail at [rcooper@ceo.lacounty.gov](mailto:rcooper@ceo.lacounty.gov).

<sup>1</sup> State law limits eligibility to the *Investing in Early Educators Stipend Program* to persons serving a majority of children receiving CDE/EESD subsidies. Staff working in Los Angeles Universal Preschool (LAUP) and Head Start Programs are ineligible to apply unless the classroom in which they work is blended with a CDE/EESD program. Race to the Top – Early Learning Challenge funds are supporting RTT-ELC participants.

Eligible coursework is limited to the following five categories:

1. If you are not proficient in English as indicated on your application, you may take English-as-a-Second-Language (ESL) classes at a community college if directed to do so by your college. This option is intended for applicants needing to improve their English language skills in order to enroll in college classes toward earning a degree in child development.
2. If you do not have a child development permit issued by the California Commission on Teacher Credentialing (CTC), you should take required child development classes, such as child/human growth and development, child/family/community, or curriculum. If you already have a permit, you may take classes needed to upgrade or renew your permit.

**Note:** If you do not have a permit, contact CTC by visiting their website at [www.ctc.ca.gov](http://www.ctc.ca.gov). Click on “Credentialing”, then “Child Development Permits” and follow the instructions for obtaining or upgrading your permit. As an alternative, contact the child development department at your community college. Community colleges can often process permit applications more quickly than the CTC. In addition, the Child Development Training Consortium offers support to eligible persons applying for, renewing, or upgrading their permits; more information is available at [www.childdevelopment.org](http://www.childdevelopment.org).

3. If you do not have an Associate Degree (AA/AS), you should take child development, English, math or general education classes; or prerequisites to classes that are transferable for a degree in child development at a four year college. Check with an advisor at your college or university before enrolling in a class if you are not sure it is a prerequisite or transferable class.
4. If you are taking classes at a community college with the goal of transferring to a California State University (CSU) or University of California (UC) school, your educational program should indicate the AA-T or AS-T degree, whichever the school offers. This degree will ensure that the classes you take are transferrable and will give you preferred enrollment at some colleges. You should check with an academic advisor at your college to make sure you are enrolled in the correct program and that your classes fit the requirements for your degree. Acceptable degrees for the Investing in Early Educators Stipend Program include: Early Childhood Education, Early Special Education, Child Psychology and Child Development.
5. If you have a BA/BS or higher, you should take college or university classes that are directly related to your work with children and families in a child development program. Sample topics include: special needs children, diversity, dual language learners, parent relations, adult supervision, program evaluation, and advanced child development. Unit bearing extension or continuing education courses can be counted as eligible only for individuals who already hold a BA/BS or higher.

If you meet the eligibility criteria **and** understand the educational requirements, then continue with your application.

### STEP 3: Completing the Application

Be sure you have the correct application:

- If you work in a **child development center**, complete the application for **Cycle 17A** (see separate instructions and application for **Cycle 17A**).
- If you work in a **family child care home**, complete the application for **Cycle 17B**.

## **Section 1. Applicant Information**

- Enter your full name in the appropriate box exactly as it appears on your social security card and on the top of each page of your application.
- Fill in every box; do not leave blanks. If the information is not applicable, then write in “N/A”.
- Enter your social security number (SSN) exactly as it appears on your card. SSNs are verified with the Internal Revenue Service so accuracy is critical.
- Enter **all** telephone numbers where we can reach you from 9:00 a.m. to 5:00 p.m. Monday through Friday.
- Enter your personal e-mail address. If you do not have an e-mail address, enter “N/A”.
- Indicate if you have participated in the Stipend Program in previous cycles (Cycles 1 – 16) and whether your name and/or address have changed. **Stipend checks are not forwarded. Failure to keep a current address on file will result in significant delays in receiving your check.** If there has been a change in your name and/or address, you will need to submit certain documents as follows:
  - **Name change:** Submit a copy of the W-9 Form, Request for Taxpayer Identification Number and Certification (available for download from the Internal Revenue Service website at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>).
  - **Address change:** Complete and submit an Address Change Notification Form (available for download from the Office of Child Care website at [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov) or call (213) 974-4674 to request the form) and a W-9 Form, Request for Taxpayer Identification Number and Certification (available for download from the Internal Revenue Service website at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>).
- Indicate if you have received a check from another Los Angeles County program (for example, child support payments, GAIN, Department of Children and Family Services (DCFS), etc.).

## **Section 2. Applicant Education and Permit Levels**

- Check the highest level of education that you have completed.
- Check the type of Child Development Permit you currently hold.

## **Section 3. Continuing Education Requirement**

- Check all that apply; indicate major if you have checked that you are working to obtain an AA, BA/BS or MA/MS degree.

## **Section 4. Applicant Employment Information**

- If your family child care home is part of a Family Child Care Home Education Network (FCCHEN), enter the name of the administering agency and the name of the Network Coordinator/Administrator in the appropriate boxes. **Be sure to attach the Network Coordinator/Administrator’s business card to your application.**



**Definition of Family Child Care Home Education Network (FCCHEN):** A licensed family child care home is part of a FCCHEN if:

- The home has been evaluated and meets certain qualifications to participate in the FCCHEN (i.e. Family Child Care Environment Rating Scale (FCCERS) has been conducted).
- The provider is required to attend training scheduled by the administering agency.
- The provider is required to assist with development assessments for each child.

#### **Family Child Care Home Education Networks**

- |                                                            |                                                            |
|------------------------------------------------------------|------------------------------------------------------------|
| - California State University Northridge Children's Center | - International Institute of Los Angeles                   |
| - Child Care Resource Center                               | - Kids First Learning Center/Eben-Ezer Children's Day Care |
| - Child Development Consortium of Los Angeles              | - Little Tokyo Service Center Community Development        |
| - Children's Home Society of California                    | - Los Angeles Mission College                              |
| - Children's Institute, Inc                                | - Mexican American Opportunity Foundation (MAOF)           |
| - City of Gardena Child Development                        | - Options – A Child Care & Human Services Agency           |
| - City of Santa Fe Springs                                 | - Pathways                                                 |
| - Claremont Unified School District                        | - Plaza Community Services                                 |
| - Community Development Center                             | - Venice Family Clinic                                     |
| - Comprehensive Child Development, Inc.                    | - Vista del Mar/Home Safe                                  |
| - Hope Street Family Center                                | - Westside Children's Center                               |

**Note:** Certification by the Network Coordinator/Administrator for applicants participating in a FCCHEN is required. (See Section 7.)

- Licensee/owners and assistants applying for the *Stipend Program* **MUST** include a copy of the family child care home license with your application.
- Indicate if the family child care home in which you work serves as a Los Angeles Universal Preschool (LAUP) site in addition to participating in a FCCHEN or serving a majority of children subsidized by the CDE/EESD-contracted agency.
- Indicate if the family child care home is participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC).

#### **Section 5. Applicant Wage/Income Information**

- Be sure to complete the appropriate box.

#### **Section 6. Children with Whom Applicant is Currently Working**

- Check all that apply.

#### **Section 7. Employment and Eligibility Certification**

- It is your responsibility as the applicant to make sure that your Network Coordinator/Administrator or Licensee-Owner completes this section, signs and dates it **and attaches their business card**.
- There are four options to this section, depending on whether the family child care home is part of a FCCHEN, serving a majority of subsidized children, or is participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC).
  - A. For applicants (license-owner) with FCCHENs, **or**
  - B. For applicants who are assistants in licensed family child care homes that are with a FCCHEN, **or**
  - C. For applicants (licensee or assistants) serving low-income children and who are not in a FCCHEN, **or**
  - D. For applicants (licensee or assistants) where the family child care home is participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC).

**Special instructions for FCCHENs:**

- Enter the name of the FCCHEN on the line as requested (see Section 4 beginning on page 4 of the instructions).
- This section **must** be signed by the Network Coordinator/Administrator.

**Special instructions for family child care homes that do not participate in a FCCHEN:**

- Enter the total number of children currently enrolled and of those children, the total number of **subsidized** children.
- Check the boxes of the agencies providing subsidy funds for the children in your care.
- Attach to the application a copy of the most current agency provided attendance form for each subsidized child enrolled in your program. The attendance form should have both the agency's name and the child's name on it. Write the Stipend applicant's name in the upper right hand corner of the document(s).
- The licensee-owner signs for their employees. Licensee-Owners applying for stipends may self-certify.

**Special instructions for Race to the Top-Early Learning Challenge (RTT-ELC) participants**

- Include the name of your RTT-ELC TA Program Specialist.

**Section 8. Applicant Certification and Signature**

- Read and initial each of the eight statements of certification.
- Be sure to sign and date this section.

**STEP 4: Submitting Your Application**

1. Be sure that you have completed every section of the application and your name is entered at the top of each page. **It is highly recommended that you have someone review your application for you before you submit it.**
2. Be sure that your name is included at the top of the supporting documents.
3. Check to make sure that your Network Administrator or Licensee-Owner has completed, signed, and dated Section 7 and attached their business card.
4. If you operate or work in a family child care home that does not participate in a FCCHEN, be sure that you have attached a copy of the most current agency provided attendance form for each subsidized child enrolled in your program. The attendance form should have both the agency's name and the child's name on it. You will **not** be eligible for a stipend without these supporting documents.
5. Be sure to include a copy of the family child care home license.
6. **Make a copy of your completed application, with supporting documents, for your records.**
7. Submit your completed original application, with supporting documents, in person or by U.S. mail, certified mail or Domestic Return Receipt, to:

Investing in Early Educators Stipend Program – Cycle 17B  
Office of Child Care, SIB/CEO  
County of Los Angeles  
222 South Hill Street, 5<sup>th</sup> Floor, Los Angeles, CA 90012



**Application due dates:**

**Mail in: Thursday, October 15, 2015 (postmarked)**

**Walk in: Thursday, October 22, 2015**

**DO NOT WAIT UNTIL THE DEADLINE  
TO APPLY!**

- Applicants are encouraged to **apply early**. If you walk your application into the Office of Child Care, you will receive a stamp-dated receipt with all documents noted on the receipt.
- Persons submitting applications in person on behalf of several colleagues should request individual receipts per applicant.
- **Do not mail groups of applications in same packets.**
- If you choose to mail your application, send certified mail or Domestic Return Receipt.
- Faxed, late, or incomplete applications will not be considered.
- Stipend Program staff will not call to remind you to send missing information. This is your responsibility.

**STEP 5: Application Review**

1. Upon receipt of your application, *Stipend Program* staff will screen your application for completeness. Only complete applications will be fully reviewed. Applications that have missing information and/or missing supporting documents will not be reviewed.
2. Staff will review your complete application to ensure that you meet the eligibility criteria to participate.
3. If you are eligible, your information is entered into the *Stipend Program* database and a Verification Form with instructions will be sent to you by U.S. mail by **Monday, February 1, 2016**. If you do not receive a Verification Form by **mid-February 2016**, contact the Office of Child Care at (213) 974-4674.
4. If your application is incomplete or you are not eligible, you will be notified with an Application Disqualification Letter by U.S. mail in early **January 2016**. You may appeal this decision. Instructions for submitting a letter of appeal are outlined in Step 6 of these instructions.

**Note:** Due to the anticipated number of applications, the review process can take several weeks. Please **do not** call to ask about your application. Your Verification Form or letter of disqualification will serve as notice regarding your application.

**STEP 6: Submitting a Letter of Appeal**

- If you are disqualified, you may submit a letter of appeal. **Appeals must be submitted in writing.**

An appeal is **not** the time to submit new information or supporting documents. Rather, it is an opportunity to prove that your application was complete, included the required supporting documents, was submitted by the due date, and you meet the eligibility criteria based on your original application.

- Your letter of appeal should include the following information:
  - The date your appeal letter is written
  - Your full name and social security number (SSN) as written on your application
  - Reference to the reason you were disqualified as indicated in the letter you received from the Office of Child Care

- A brief description of why you think the decision to disqualify your application is incorrect
- A copy of your application and supporting documents **as submitted** by the due date
- A copy of the receipt you were provided when you submitted your application in person or a copy of your certified mail receipt

Visit the *Investing in Early Educators Stipend Program* page on the Office of Child Care website at [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov) to download sample letters of appeal. The sample letters of appeal are provided to help guide you as you create your own letter.

- Make a copy of your letter of appeal and supporting documents for your records.
- Letters of appeal with supporting documents are due by Wednesday, January 13, 2016 to:

Investing in Early Educators Stipend Program – Cycle 17B  
Office of Child Care, SIB/CEO  
County of Los Angeles  
222 South Hill Street, 5<sup>th</sup> Floor  
Los Angeles, CA 90012

- The Office of Child Care management team reviews appeals, including review of the original application. Decisions to grant or not grant the appeal, based on whether the applicant met the application requirements and deadlines, are made within two weeks of receipt of the letter of appeal. The applicant will be notified by U.S. mail. **ALL DECISIONS ARE FINAL.**

For more information on the *Investing in Early Educators Stipend Program* and to download the instructions and application, visit [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov). Instructions and application forms are also available by contacting the Office of Child Care at (213) 974-4674.

# APPLICATION

## INVESTING IN EARLY EDUCATORS STIPEND PROGRAM – CYCLE 17B

### For Persons Working in Family Child Care Homes

**CYCLE 17 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION,  
EARLY EDUCATION AND SUPPORT DIVISION (CDE/EESD)**

**APPLICATIONS WITH SUPPORTING DOCUMENTS DUE:**

**BY MAIL: THURSDAY, OCTOBER 15, 2015 (POSTMARKED)**

**WALK IN: THURSDAY, OCTOBER 22, 2015**

**\*\*IMPORTANT:** Eligibility and education requirements, how to complete the application and timelines, are in the instructions, available for download from [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov) or by calling (213) 974-4674.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                  |           |                                                                                                                  |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Section 1. Applicant Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                  |           | License No. _____                                                                                                |                               |
| Last Name on Social Security:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | First Name on Social Security:   |           | Middle Initial/Name on Social Security Card:                                                                     |                               |
| Is this the name on your Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                            |  |                                  |           | Social Security Number: DO NOT LEAVE BLANK                                                                       |                               |
| Last Name on Birth Certificate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | First Name on Birth Certificate: |           | Middle Initial on Birth Certificate:                                                                             |                               |
| Home Street or Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Apt. #:                          | City:     | Zip Code:                                                                                                        | Home Telephone Number:<br>( ) |
| Work Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | City:                            | Zip Code: | Cell Telephone Number:<br>( )                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                  |           | Work Telephone Number:<br>(of the family child care home)<br>( )                                                 |                               |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Place of Birth (City, State):    |           | Date of Birth:                                                                                                   |                               |
| Have you participated in the Investing in Early Educators Stipend Program in previous cycles? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, have any of the following changed since you last participated? (Check all that apply):<br><input type="checkbox"/> Name change <input type="checkbox"/> Address change<br>If your name and/or address have changed, you will need to submit certain documentation. See Step 3, Section 1 of the Stipend Program Instructions. |  |                                  |           |                                                                                                                  |                               |
| Have you received a check from another Los Angeles County program (i.e. child support, GAIN, DCFS, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                              |  |                                  |           |                                                                                                                  |                               |
| <b>Ethnicity: (Check all that apply)</b><br>(NOTE: This information is being collected for statistical purposes only.)<br><input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-racial<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other                                   |  |                                  |           |                                                                                                                  |                               |
| <b>What is your primary language?</b><br><input type="checkbox"/> English <input type="checkbox"/> Mandarin and/or Cantonese <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Khmer <input type="checkbox"/> Russian <input type="checkbox"/> Tagalog <input type="checkbox"/> Other _____                                                                                                                                                      |  |                                  |           |                                                                                                                  |                               |
| <input type="checkbox"/> Are you proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                |  |                                  |           |                                                                                                                  |                               |
| <b>Section 2. Applicant Education and Permit Levels</b> (NOTE: The information in this section is being collected for statistical purposes only.)                                                                                                                                                                                                                                                                                                                                               |  |                                  |           |                                                                                                                  |                               |
| Indicate the highest level of education you have completed (Check one):<br><input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year College Degree (AA)<br><input type="checkbox"/> 4-Year College Degree (BA/BS) <input type="checkbox"/> Graduate Degree (MAMS)                                                                                                                                                                 |  |                                  |           | Do you have a college degree from a foreign country?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| Indicate the type of Child Development Permit or teaching credential you hold:<br><input type="checkbox"/> None <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher<br><input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> Early Special Education Credential <input type="checkbox"/> Elementary Education Credential       |  |                                  |           |                                                                                                                  |                               |
| Year began working in the early care and education field: _____                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                  |           |                                                                                                                  |                               |

Name of Applicant \_\_\_\_\_

**Section 3. Continuing Education Requirement** (NOTE: The information in this section is being collected for statistical purposes only.)

**What are your educational goals?** (Check all that apply)

- |                                                                                              |                                                                                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> To improve my English language skills (speaking, reading, writing)  | <input type="checkbox"/> To obtain an early special education teaching credential |
| <input type="checkbox"/> To develop new skills related to my work with children and families | <input type="checkbox"/> To obtain a 2-Year College Degree (AA) ➔ Major: _____    |
| <input type="checkbox"/> To obtain my Child Development Permit                               | <input type="checkbox"/> To obtain a 4-Year College Degree (BA/BS) ➔ Major: _____ |
| <input type="checkbox"/> To upgrade or renew my Child Development Permit                     | <input type="checkbox"/> To obtain a Graduate Degree (MA/MS) ➔ Major: _____       |

**Section 4. Applicant Employment Information**

| FOR LICENSEE/PROVIDER                                                                                                                                                                                 | FOR ASSISTANTS IN FAMILY CHILD CARE HOME                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Name on License:                                                                                                                                                                                      | Licensee-Owner Name:                                                                                                                              |
| Are you part of a Family Child Care Home Education Network?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (See definition below)                                                        | Is the licensee-owner part of a Family Child Care Home Education Network?<br><input type="checkbox"/> Yes <input type="checkbox"/> No             |
| If yes, name of Agency administering the FCCHEN (see Section 4 of instructions for listing of FCCHENs):                                                                                               | If yes, name of Agency administering the FCCHEN (see Section 4 of instructions for listing of FCCHENs):                                           |
| Name of the Network Coordinator (This is the person who must sign your application; be sure to attach their business card):                                                                           | Leave blank.                                                                                                                                      |
| Date first licensed: (Attach copy of family child care license)<br>_____/_____/____ (Month/ Year)                                                                                                     | Date of hire with current employer: (Attach copy of license)<br>_____/_____/____ (Month/Year)                                                     |
| Work Schedule (Check one):<br><input type="checkbox"/> Full-time (30+ hours/week)<br><input type="checkbox"/> Part-time (Less than 30 hours/week)                                                     | Work Schedule (Check one):<br><input type="checkbox"/> Full-time (30+ hours/week)<br><input type="checkbox"/> Part-time (Less than 30 hours/week) |
| Number of hours you spend each week directly teaching children in a family child care home:<br>_____ per week                                                                                         | Number of hours you spend each week directly teaching children in a family child care home:<br>_____ per week                                     |
| Is the family child care home also a LAUP site? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                              |                                                                                                                                                   |
| Is your family child care home participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                   |

**Section 5. Applicant Wage/Income Information** (NOTE: The information in this section is being collected for statistical purposes only.)

| FOR LICENSEE/PROVIDER                                                                                                                                                                                                                                                                                                                                                                            | FOR ASSISTANTS IN FAMILY CHILD CARE HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Net annual earnings only from family child care business for 2014:</b><br>To calculate net earnings:<br>1. Annual Gross earnings (from income tax return and only related to child care business) \$ _____<br>2. Less Annual Expenses (directly related to child care business) - \$ _____<br>3. Net Earnings for 2014 = \$ _____<br><br>This information will not affect your stipend award. | <b>Current gross annual income for family child care assistants (not including benefits):</b><br>To calculate, multiply your gross monthly salary by the number of months worked per year OR multiply your weekly salary by the number of weeks you worked. Example: \$1,000 every 2 weeks x 2 = \$2,000 per month, x 9 months = \$18,000 per year.<br>\$ _____ per year<br><br><b>Gross hourly wage for family child care assistants (not including benefits):</b><br>To calculate: Divide your gross weekly or monthly wage by the number of hours you worked. Example: \$350 weekly salary ÷ 35 hours per week = \$10.00/hour.<br>\$ _____ per hour<br>This information will not affect your stipend award. |

**Section 6. Children with Whom Applicant is Currently Working** (NOTE: The information in this section is being collected for statistical purposes only.)

**Ages of children with whom you currently work**

(Check all that apply):

- ☐ Birth - 23 months    
 ☐ 2 years - 2 years 11 months    
 ☐ 3 years - 5 years    
 ☐ 5 years and older

Name of Applicant\_\_\_\_\_

**Section 7. Employment and Eligibility Certification: Please complete only one of the following four sections.**

**A. For applicants (licensee-owner) with Family Child Care Home Education Networks (FCCHENS)**

1. I certify that the applicant is a provider in a licensed family child care home that is in a FCCHEN administered by \_\_\_\_\_ (Agency Name)
2. I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Cycle 17B, *Investing in Early Educators Stipend Program*.
3. I understand that the stipend he/she receives is in addition to his/her payments for child care services, and I certify that his/her payments for services will not be negatively affected by this incentive.

*I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Network Coordinator/Administrator's Signature (attach your business card)

\_\_\_\_\_  
Date

**OR**

**B. For applicants who are assistants in licensed family child care homes that are with a FCCHEN**

1. I certify that the applicant is an employee of \_\_\_\_\_ (name of family child care home); and that the family child care home is in a Family Child Care Home Education Network administered by \_\_\_\_\_ (Agency Name)
2. I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Cycle 17B, *Investing in Early Educators Stipend Program*.
3. I understand that the stipend he/she receives is in addition to his/her payments for child care services, and I certify that his/her payments for services will not be negatively affected by this incentive.

*I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Family Child Care Licensee-Owner Signature

\_\_\_\_\_  
Date

**OR**

**C. For applicants serving low-income children and who are not working in a family child care home that is part of a FCCHEN**

1. Check one only:  
☐ I certify that I am the applicant and the family child care home licensee-owner of \_\_\_\_\_  
Name of family child care home  
☐ I certify that the applicant is an employee of my licensed family child care home \_\_\_\_\_  
Name of family child care home
2. I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Cycle 17B, *Investing in Early Educators Stipend Program*.
3. I certify that the above named home is serving a majority of children paid for by the agency(ies) checked below.
4. I certify that as of the date of application, the enrollment in the family child care home is \_\_\_\_\_ children, of which \_\_\_\_\_ children are subsidized. I have attached the most current agency provided attendance form for each subsidized child from the following agencies (check all that apply):

|                                                                            |                                                                         |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Child Care Resource Center (CCRC)                 | <input type="checkbox"/> Drew Child Development Corporation             |
| <input type="checkbox"/> Children's Home Society of California (CHS)       | <input type="checkbox"/> International Institute of Los Angeles         |
| <input type="checkbox"/> City of Norwalk                                   | <input type="checkbox"/> Mexican American Opportunity Foundation (MAOF) |
| <input type="checkbox"/> Connections for Children                          | <input type="checkbox"/> Options                                        |
| <input type="checkbox"/> Crystal Stairs, Inc.                              | <input type="checkbox"/> Pathways                                       |
| <input type="checkbox"/> Department of Children and Family Services (DCFS) | <input type="checkbox"/> Pomona USD Child Development                   |

*I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Family Child Care Licensee-Owner Signature

\_\_\_\_\_  
Date

**OR**

Name of Applicant\_\_\_\_\_

***D. For applicants (licensees or assistants) working in family child care homes participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC)***

5. Check one only:

☐ I certify that I am the applicant and the family child care home licensee-owner of \_\_\_\_\_  
Name of family child care home

☐ I certify that the applicant is an employee of my licensed family child care home \_\_\_\_\_  
Name of family child care home

6. I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Cycle 17B, *Investing in Early Educators Stipend Program*.

7. I understand that the stipend he/she receives is in addition to his/her payments for child care services, and I certify that his/her payments for services will not be negatively affected by this incentive.

8. Our Race to the Top-Early Learning Challenge TA Program Specialist is \_\_\_\_\_(print name)

*I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Family Child Care Licensee-Owner Signature

\_\_\_\_\_  
Date



Name of Applicant\_\_\_\_\_

**Section 8. Applicant Certification and Signature**

**Sign your initials to each statement and sign and date where requested.**

1. I certify that I meet **all of the eligibility requirements** and that all of the information and attachments provided in this application are true and correct. I understand that falsifying information may require the return of all stipend monies, with penalties, to the County of Los Angeles. \_\_\_\_\_ (initial)
2. I understand that I must declare any stipend award I receive on my **2016** tax return. \_\_\_\_\_ (initial)
3. I understand that I will be required to verify my continuous employment in a family child care home located in the County of Los Angeles from **August 3, 2015 through March 10, 2016** and verify completion of my coursework before a stipend can be issued. \_\_\_\_\_ (initial)
4. I understand that there is **NO GUARANTEE** that I will be awarded a stipend. Stipends will be granted depending on the continued availability of State funding and my ability to meet all of the requirements of the program. \_\_\_\_\_ (initial)
5. The licensee-owner or Network Coordinator/Administrator has completed and signed Section 7 of this application. \_\_\_\_\_ (initial)
6. I understand that the Office of Child Care may share information about my application with the staff of Los Angeles Universal Preschool (LAUP). \_\_\_\_\_ (initial)
7. I understand that the *Investing in Early Educators Stipend Program* will be evaluated, and that aggregated applicant data will be considered in that process. Some stipend recipients may be randomly selected to participate in a telephone interview. \_\_\_\_\_ (initial)  
☐ I am not willing to participate in a telephone interview.
8. I understand that it is my responsibility to inform the Office of Child Care of **any changes to my address** from the time of application through **June 30, 2016** and to provide information and documentation as requested. **Stipend checks are not forwarded. Failure to keep a current address on file will result in significant delays in receiving your check.** \_\_\_\_\_ (initial) (Visit [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov) and click on "Investing in Early Educators – Stipend Program to download the Address Change Notification and W-9 Forms).

*I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*The Office of Child Care reserves the right to verify that the information provided in this application is true.*

**Refer to Cycle 17B instructions, Step 4: Submitting Your Application**

Investing in Early Educators Stipend Program – Cycle 17B  
Office of Child Care, SIB/CEO  
County of Los Angeles  
222 South Hill Street, 5<sup>th</sup> Floor  
Los Angeles, CA 90012

| For office use only             |                                   |                                                               |                                          |
|---------------------------------|-----------------------------------|---------------------------------------------------------------|------------------------------------------|
| Received/initially screened by: |                                   | Date received/initially screened:                             |                                          |
| Received via:                   | <input type="checkbox"/> Walk-in  | <input type="checkbox"/> Certified or Domestic Return Receipt | <input type="checkbox"/> U.S. Mail       |
| Status:                         | <input type="checkbox"/> Complete | <input type="checkbox"/> Incomplete                           | <input type="checkbox"/> RTT Participant |
| Notes/Action:                   |                                   |                                                               |                                          |

|               |                                  |                                   |  |
|---------------|----------------------------------|-----------------------------------|--|
| Reviewed by:  |                                  | Date reviewed:                    |  |
| Status:       | <input type="checkbox"/> Pending | <input type="checkbox"/> Rejected |  |
| Notes/Action: |                                  |                                   |  |